

MCHCOM.com MCH/CSHCN Director Webcast - February 2003

>> Welcome, everybody.

I'm Peter van Dyck.

Director of the Maternal and Child Health Bureau.

Welcome to the friendly broadcast hall from Rockville, Maryland.

This is the 9th of a series of monthly interactive.

They're now going to become monthly.

So beginning now we'll be having these broadcasts every month.

They're targeted to you, MCH and Children with Special Health Care Needs directors and we'll feature me and other staff describing the latest bureau activities.

There may be legislative issues, budget issues, block grant applications, etcetera.

We'll have slide presentations periodically, videos can be presented, live presentations and you can, as most of you remember, ask questions realtime to the speakers here through your message center.

I'll explain how that works in just a second.

Chris DeGraw the acting Deputy Director here will be joining me to serve as a liaison between you and us and we'll be fielding your questions and if we do have polls he'll be showing you the results of the polls.

Now, for the questions.

You can submit questions any time during the WebCast and certainly we encourage you to do that.

If you look on the right side of your computer monitor you see the little message centerpiece.

It's on the right side.

To submit a question or comment simply type your name and state in the small box titled subject and beneath the subject box there is a larger box where you enter your question.

When you finish typing just click the send button.

If you made a horrible mistake and typed something you don't want to send, hit the clear button and erase it and retype and send again.

Chris will be monitoring those questions during the WebCast and replaying them to me.

You see the slides -- at least the beginning slide in the middle of your screen.

And another feature is as we go through these slides they may not seem synced exactly correctly.

Look for pages submit pages sooner.

As we proceed through the broadcast slides will be flipped so they're in sync with us.

Depending on the speed of your Internet connection those slides advance at different rates.

There is a place there which says flip pages sooner, which has a list of the number of seconds.

And if you're three seconds out of sync, then click the appropriate number to bring it in sync and make those adjustments at any time.

So let's begin with a power point slide.

Today on the agenda that was posted on the website, we said the first thing we were going to talk about was children with special health care needs.

We lied.

We're not going to talk about that first.

We're going to talk about that at the next broadcast.

We haven't had all of our slides cleared yet.

And we want to have them cleared before we present them all and we'll make that as a major presentation for the next WebCast.

Just so you know, the data for the study is up on the website.

You can certainly call up our website at www.mchb.hrsa.gov and get to the website.

The data are there.

There are not charts but the data are there if you have somebody that can run data.

We'll have charts available as soon as we get them cleared.

Instead we have budget information for you today.

And some reorganization information, which I think will be helpful to you.

I want to go through first the budget.

The budget for 2003 -- the budget for 2004, the President's budget for 2004 and talk about the block grant reallocation a little bit and we'll talk about the field reorganization, the field offices reorganization, and we've received approval from OMB for our discretionary grant performance measure system which we talked about before and I'll highlight a few things about that and we'll take questions. We should be done by 3:00 eastern time.

So if we can start with those first budget slides.

You have first the budget in millions for 2002 and 2003.

And you can see that the block grant in the 2003 President's budget is flat.

Now, you also know that we still don't have a budget.

And as of last night, there was a conference agreement.

So there was a Senate mark and a House mark and a President's budget.

My column has the President's budget.

Then there has been a conference committee.

The conference committee has been meeting the last couple of weeks.

They arrived at, we believe, a budget last night which now has to go separately to the house for final approve all and the Senate for final approval.

I only know one number when I get to it from the actual 2003 appropriation.

So 2003 column you're seeing right there is still the President's budget and there will be some minor changes on that within the next day or so as this gets voted in.

You can see the state block grant amount increases slightly, general account increases by a million or so.

So does CISS and we don't know ear marks yet, although we think there will be some earmarks and I can't tell you what those are because I don't know.

On the rest of the slides are the rest of our SPRANS grant.

You can see the different ones.

And the one number I know for 2003 or at least I think I know, is down where it says education community grants going from 40 to 73 million.

We think the conference agreement is at 55 million.

So we believe instead of getting \$73 million in 2003 and we think we'll get \$55 million.

Otherwise we have to accept those 2003 numbers there the way they are.

Then I've tried to add on the next slide the budget for 2002, 2003, 2004.

I've added the third column for 2004.

So we're really dealing with a President's budget for 2003 which will change slightly when it gets voted in by the Congress and we're dealing with a fiscal year 2004 President's budget which will go to Congress and be voted on over the next year.

As you can see, we've got about a \$20 million increase in the block grant from 731 to 751.

And that has language in it which says, and congratulations to all of us, including you, for this.

It says because we can document what we're doing, because we have a performance-based system,

because we have been good at reporting on those data and have an Internet site with data available, OMB in the President's budget is suggesting an increase for us.

It looks like all of our hard work over the last few years has paid off at least with an increase in the President's budget.

Now, if you look at the state block grant, that produces an increase in the state block grant from 607 to 622.

It gives us a couple million more for SPRANS.

Gives us about two-and-a-half million more in the CISS account.

We know there will be earmarks.

Specially allocated for a toward a personal program with hopefully additional money attached.

If we look at the next slide that was the 2004 column on it you can see that Healthy Start is flat.

Hearing screening is again at zero in the President's budget because it's expected that the state block grant will pick the difference up.

And all the other funding is basically flat from 2003.

So when we go to increase in the block grant in the President's budget we did well.

The next slide, then, we'll move into the formula and the allocation.

And again to remind everybody how this works, whenever the total appropriation exceeds \$600 million. For 2003 it will be 731.

There are rumors it may be a couple million dollars more.

12 3/4% of that is used to fund the CISS set aside.

For the block grant being at 731, 12 3/4% of that amount goes to CISS.

15% is retained for SPRANS.

That's the way the formula is allocated.

On the next slide we're beginning to move now towards how the formula works as it gets money to states.

So the amount appropriated for states now is allocated as follows.

Funds are appropriated -- funds appropriated up to \$422 million are distributed on the basis of the amount awarded in fiscal year 1983.

In 1983 all 50 states got an amount.

Got an award.

And that award totaled \$422 million.

That distribution has formed the floor.

And no state gets a different amount from that base or ever has since 1983.

Then the amount above the \$422 million is distributed on the basis of the formula.

The formula that we all know.

The percent of poor kids in the state as a percentage of all poor kids in the nation.

That amount is applied to the dollars above \$422.

If we're now getting 731, or 732 to make it a little easier, then there is 3 -- well, it would be actually the state block grant amount which is \$600 million.

So the formula is against those \$200 million extra above 422.

Now, ten years ago, in 1992, we changed the formula, or allocated the formula according to the 1990 census.

It becomes available usually in the fall, September or October, of two years after the census is done.

So it became available in 1992, around November.

And we sent out a letter from the Bureau in 1992 November which allocated the formula.

Allocated it by state.

The 2000 census then has since been done and the census data for kids and the number of kids in every state became available in October or November of this year.

And so we now can recalculate the formula based on the new census and based on the 2004 President's budget.

So that is how our allocation to the states is based.

And you should have gotten an e-mail, the state directors, last night or early this morning, that has a letter from me and the formula by every state for the amount of money you are expected to receive under the 2004 President's budget beginning in October 1, 2003, October 1, this year, which is fiscal year 2004.

That is also the amount that you would apply for when you make your applications for this July 15.

Now, there are changes.

And I think you've known that there are going to be changes.

And the changes are significant for some states.

And I think if we go to that screen, there is a screen that you can see on your computer that will have every state listed with the amount for President's budget 2003, which is what we anticipate you getting this year, anticipated amount for 2004, which is what you would get next year and what you would apply for in your July 15 application.

And then the difference.

And you can scroll through that on your screen.

So you should be able to scroll through and look for your own state on that screen.

What it amounts to is that 19 states are going to lose collectively about \$5.7 million.

And there are 31 states and the District of Columbia which gain a total of about \$20 million.

This is the result of the new formula.

Now, also recognize that that \$20 million increase I just talked about in 2004 in the block grant helps offset some of these losses that those of you in states who are getting a loss have. And depending on whether or not we get the President's budget we could get more, which would make your loss less, or we could get less which would make your loss more. So this will be the amount you apply for. Again, remember I'll be happy to take questions about this. So you want to be thinking about the question and get it typed in and I'll take them in a minute. So that is how the formula works and this is your calculation for the state block grant.

Now, we also have an abstinence program. The abstinence program is also based on a formula, \$50 million abstinence program, section 510 program, which is a piece of the formula is based on the same formula. Percentage of poor kids in the state compared to percentage of poor kids in the nation. It is allocated across all \$50 million and has no base. So although it's less money, the swings for individual states may be a little higher. That should be up on your screen now, too. And you should be able to scroll through that and see -- look at your state for fiscal year 2003, fiscal year 2004 and the difference column on the right. As a summary from that table, 19 states gain about \$3 million and about 31 states collectively lose about \$3 million. So again, you can look at these tables and see for your abstinence funds again for 2004. So it will be for your application that comes in July 15. What your dollar amounts are. I think I'm going to stop on the budget and if you have questions I'm going to take them in a little bit.

I want to go on to the reorganization and then I'll stop and pause and see if we have some questions. So if we can go back to the Power Point slides and we're back to reorganization. We know, you know, that the HRSA Office of Field Operations has now become the HRSA Office of Performance Review or OPR. And that is part of that. You'll be getting a letter from me in the next week or ten days describing this. The project officer functions that were in the field will now be in HRSA. And if we look at the next slide there are three components to this transition for the Bureau. First is the block grant and SSDI. Now, in the block grant the project officer was in the field. So you look to a field person responsible for your state as the project officer. We kept close attention and were heavily involved. But were not primarily the project officer. And the field also asked -- acted as kind of a co-project officer on the SSDI grants. That will change and the project officers will now come to the Bureau. Will now be in the Bureau. I'll give you the names in a minute.

The second is related discretionary grant activities, that is Healthy Start, poison control, all these other grants, those project officers are here already and they will remain here at MCHB.

And the third is special initiatives. There were a number of regional staff who represented us on committees throughout the United States and those will all be reviewed or in the process of review and many of those committees will be staffed by people here at the bureau.

Now, if we go to the next slide we can see that first the regional staff then will no longer serve as the project officers for the block grant. Maternal and Child Health Bureau's state community health staff will become the primary contacts for the block grant.

They'll become the project officers.

And that date of switch is going to be March 17, this year.

About a month from now.

We've set that after the AMCHP meeting and during the session on late Tuesday afternoon this transition will be discussed.

The next slide has the first four regions and you can see who the project officers are for that.

Audrey is for region one and Jeff for two.

Mary Beth for region 4.

The next slide has region 5, 6, 7 and 8.

And then the next slide has regions 9 and 10.

And then for SSDI for all regions Duke Wellington here in the central office becomes the project officer and the primary contact for all the SSDI grants.

So you'll hear more.

You'll get a letter from me in the next seven days or so that describes a little bit more of this.

The Office of Performance Review is going to be just what their name sounds like.

They will be doing site visits to grantees.

They will be monitoring grant performance.

They will be looking at selected areas in states or cities who may not have HRSA grants to determine if there is a need for some particular HRSA grants within a particularly poor or needy area and try to generate grant applications from that area.

And in areas where there may be a lot of HRSA grants like in a university in a major city that may have health professions grants and health community grants and HIV or Aids grants they may review that to see if there is an efficient and effective interrelationship so there is the total sum of the grants than what the individual grants perhaps add up to.

So those will become the functions of the regional office.

Chris, why don't we go to a few questions, if we have any, and see if I can help there.

>> Okay.

The first question that we have from Montana, asks if you would please restate the number of states gaining and losing on the block grant.

>> Okay.

In the MCH block grant, there are 31 states who gain a total of about -- well, to be exact, \$19.9 million. 31 states collectively gain \$19.9 million.

And 19 states lose \$5.7 million.

19 lose \$5.7 million.

And for the abstinence grants, 19 states gain \$3.1 million.

And 31 states lose \$3.1 million.

And again, if you -- when you get my letter -- you've got your e-mail.

You should have your e-mail.

That will have every state on it.

We've sent all the states allocations to every state so you get a feeling for the whole thing.

>> Second question from Arkansas.

Are the estimates that you gave for the abstinence education budgets included in there?

>> No, they aren't.

The -- the problem here is the President's budget for abstinence ed are -- stay with me, it's complicated. The budget we now have is \$40 million for 2002.

For 2003 we don't have a budget yet but the President's budget says we're going to get 73.

Is proposing we get 73.

We don't think we're going to get that much.

The 2004 President's budget is 73 million and that is what these numbers are calculated on.

So if we were to get less than 73, you will get slightly less money.

If that's not clear, ask me again and I'll say it again.

So the President's budget column for 2003 is calculated on the basis of the President's budget, 73 million. The President's budget column for 2004 is calculated on the basis of the President's budget which was 73 million.

Current total is 40 million.

If we get any difference from 73 million.

If it's less those numbers will decrease some.

>> Next question is why do states like Louisiana, with high child poverty rates have a reduction in block grant money?

>> There are two things that can happen.

A state has -- there are several numbers that take part in this.

One is how many poor kids there are in the state, and then how many kids there are in the state.

And you can have fewer poor kids or fewer kids and it affects the formula.

Or you can have more kids, fewer of which are poor, or fewer kids more of which are poor.

So it's not an easy thing to understand or just look at and have it make sense.

Anybody that wants a little more information, we'd be happy to provide it.

And I think would be willing to share the numbers that we've used for the calculations.

So you can see how it works.

And then, of course, that's all put into what every other state does, too.

Because it's calculated on the basis of all poor kids in the nation.

And so the percentage rise and drop -- the percentage of rise or drop in every other state makes a difference as well for what happens in your state because everybody's percentage is varying against the national total.

So everybody could have an increase in percentage of kids, but everybody can't get more money.

It's all on a percentage basis.

So those that increased more, get more money than those who increased less percent of poor kids.

>> Question comes from Region IX.

Will the regional contacts be copied on the letter that you mentioned would be going out to the states concerning the change in project officers?

>> Yes.

We'll make sure the regional contacts get a copy.

That will go in the next week.

>> That's all the questions for now.

>> Okay.

If there are more questions be sure to type them in.

I'll go ahead now and talk about the accountability issue a little bit.

I know you've seen this rather complicated-looking slide before.

But we have received OMB approval for our discretionary grant performance based system.

So you guys are all familiar with the block grant performance-based system with the 18 national measures and 7 to 10 state measures.

We now have approval to begin to phase in the same kind of performance-based system for all of our other grants, Healthy Start, EMSC, poison control, training, all SSDI, all of the other grants.

So just to take a second and explain this MCH Bureau performance measurement system and on the left side of the screen we all do needs assessment.

We do them in the bureau, you do them in the states.

Next column over you set priorities after you do your needs assessment.

Middle of the screen you have the pyramid.

You report to us and we report up our ladder on the amount of money spent and generally speaking on the types of activities that are related to each level of this pyramid.
In the fourth column, and if we can get some clicks on our Power Point slides it will fill in that fourth column.

State block grants, Healthy Start, Emergency Services for Children.

Traumatic Brain Injury as examples.

These will now have performance measures that all grantees must work on the same as the state block grant at the top of that slide does.

And then we hopefully, through all this activity and effort, affect outcome measures which you see on the right-hand side of your screen.

Perinatal mortality.

Child mortality, and the difference in the black/white infant mortality rate.

So if we go to the next slide, this is the SPRAND's performance measurement system.

Again, it looks the same.

SPRANS grantees do a needs assessment.

If you're a training grantee, you do a needs assessment.

From that needs assessment you set a set of priorities or goals and then you do an allocation and you get a budget and you tell us how now you're going to spend that money and you're going to relate that now to the levels of the pyramid.

And in the fourth column again they may need clicks to fill in that column.

Are each of the divisions or offices in the bureau, because each of those divisions and offices has a whole series of different SPRANS grants or families of SPRANS grants.

And then those same performance measures, not the same performance measures but those discretionary grant performance measures and programs hopefully affect the same outcomes that all of our other programs do.

So the system really is interlocked.

Block grants, SPRANS, CISS, Healthy Start and all the grants into one integrated performance-based management system which OMB has now approved.

On the next slight what did OMB approve?

Well, OMB approved and we proposed -- some of this you've heard before.

But now it's becoming real.

A standardized family of about 35 national performance measures.

Jamie, do you remember the exact number here?

37.

So there is a family of 37 performance measures that were approved by OMB.

This is in addition to the block grant performance measures.

And from those performance measures, each SPRANS or discretionary grant program will choose, five, four, seven or eight as performance measures that relate to their particular program.

So Healthy Start has just had a national data meeting and they actually chose 13, I believe, or maybe 14.

Most programs will choose, I think, in the four to seven range.

And those performance measures will be a requirement, or the data to answer those performance measures will be a requirement of each of those families of SPRANS grantees.

Healthy Start doesn't report on all 37.

They report on the 13 or 14 applicable to their program.

OMB approved a set of standardized forms similar to those in the block grant.

We'll now be getting budget reporting.

Federal dollars, state dollars, local dollars, income from all of our SPRANS and discretionary grantees.

And there will be patient or client counts.

If it's a clinical program like Healthy Start we'll be getting the number of pregnant women served.

The number of infants and children served in the same format that we now collect for the block grant.

And if it's not a clinical grant and it is a training grant or some kind of other grant that may not see clients, then we'll get standardized counts of trainees or standardized counts of individuals served so we'll be able to add up these things.

It is a set of standardized forms like the block grant.

Then most divisions have also turned in a set of perhaps 10 or 15 or 20 data items that are unique to their division.

OMB also approved those for each division.

Some of those will be national numbers that we collect, some may be survey data that we collect, and some may be data that come from individual SPRANS grantees or states but it is a very minimal data set.

Fourth.

OMB approved that in our large families of grantees.

I use training as an example or Healthy Start as an example again, the number of grantees is big enough and the dollars are significant enough that we have said to the grantees, please come up with a set of two or three or four performance measures you would like to report on like the states do for their state performance measures.

And so some selected larger grant programs will be coming up with a set of their own performance measures.

And then there may be a few items that are administrative or leadership data that we're going to collect.

This all will be a standardized application and grant guidance.

On the next slide, then, we are moving all of these grants over the next year to electronic reporting.

And I think you can see on that grant there will be an implementation of electronic reporting package like you're familiar with, sharing of the data with the states and other grantees.

We'll be posting the data on the Internet.

To give you a time frame for that, you know that you are moving towards web-based applications this year for your block grant and you'll hear more of that -- more about that at the Saturday meeting at the beginning of AMCHP from the DSCH folks.

There will be an electronic web-based application for these other discretionary grants as well.

Some of that may be available on a voluntary basis as early as this summer.

But on a more regular basis, certainly, by the end of the year or January 2004.

And then over the period between now and January next year we will be beginning to include this new performance-based system and the new forms in SPRANS grant applications.

And we're just working through now how we're going to do that and which grants we're going to do and which grants we're going to pilot first to begin to test the system.

After the web-based interface gets programmed and completed for the block grant, then the programmers will begin to work on the whole electronic reporting package for this set of discretionary grants.

And again, we plan to have it completely finished by January of 2004 and up and running by then.

So again, I guess I'm showing my little snail slide which says a small advance every day will eventually total much less than a big advance every day and I guess we are making a small advance every day but sometimes we like to think it's a big advance.

And we are moving ahead on this and thanks for all your help in making sure that all works.

So I will take more questions, Chris, if you have any.

>> Right now we just have one from Alabama asking if the states can obtain a copy of the formula and the numbers used to make the calculations.

>> Yeah, we'll check on what we can release to you so you have an idea.

And get back to you.

Remember now in the states, even those of you that get additional money, you may have to come up with additional match to match those dollars.

So you need to keep that in mind as well, that some of you who are getting perhaps a significant increase you may, if you're not heavily overmatched, need to come up with additional match dollars or, given the fact that so many state budgets are tanking right now, you have a new base that you may have to go to your legislature with in order to draw down or not go below the state match for this set of new federal dollars.

You need to keep that in mind as you work with your legislature.

Any other questions?

Well, I want to thank you very much for attending this 9th MCHCOM conference call.

We'll be having this call every month on the second Thursday beginning today except next month.

And next month that Thursday comes right at the end of the AMCHP meeting.

We thought it made more sense to change it to March 20th.

It will be the second Thursday of every month at 2:00 eastern time except for March, when it's March 20th, the third Tuesday at 2:00.

I would like to again thank our grantee, the center Center for Advancement of Distance Education at the University of Illinois at Chicago School of Public Health for making technology work and we want to continue to make this communications interface available for you and others.

I think you're going to see more use of it during this year and next by our other divisions, offices, and project officers.

Following today's WebCast, as with all future Webcasts and past Webcasts there will be an archive session available on the website.

That should be available by next Tuesday or so and you'll be able to look that up then.

I encourage you to let your friends and colleagues know about the archive site as well because it's available for them to use.

The data for the next WebCast is already I suspect on the website or will be very shortly.

If you have suggestions for topics you would like to hear on future Webcasts, you can e-mail them to us and that e-mail address is info@mchcom.com and try to respond to your request for subjects.

Next month the major topic will be a slide show presentation of probably about 30 charts from the Children with Special Health Care Needs survey that really in quite some detail outline the scope of the survey and give you some real information.

And that will be the predominant presentation next time.

Now, as you sign off today, you are going to see a prompt to go to an evaluation form.

And you're going to get hyperlinked to an evaluation form.

We hope you'll take a couple of minutes and go to that form as you sign off and fill it out so we know what you think about the WebCast and know what you'd like or suggestions for how you'd like it.

So thank you very much for hanging on.

We appreciate sharing the information with you.

If you have questions, give us a call.

And have a great rest of the week.

Thank you very much and goodbye from Parklawn.